N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very Important, See Instructions on back of certificate. NT RECORD PERMA VITH UNFADING INK--THIS IS A PLAINLY WRITE

BINDING

MARGIN RESERVED FOR

11

PLACE OF DEATH	STATE OF MARYLAND
County Cavers	CERTIFICATE OF DEATH
	Registration Dist. No. 5
Village or City ort / upunter	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and
2FULL NAME Varah E,	1 Soulu stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Lile. 23, 1854	1927 to 1927
(Month) (Day) (Year)	that I last saw h alive on T, 192 4,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
76 yrs. 0 mos. 23 ds. or min.?	THE CAUSE OF DEATH - Was as follows:
8 OCCUPATION	CAPPLIX 4
(a) Trade, profession or particular kind of work	
(b) General nature of industry	LL
business, or establishment in which employed or (employer)	(Duration) yrs mosds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF O N ( d	(Duration yrs, mosds,
FATHER aly (1) Jucksmosts	(Signed) M. D.
UN OF FATHER MALE	6/1923 UAddress)
C (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER Cornelia V Justinus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mus I. I Homen	Former or usual residence
(Address) Part Pepublic	asbury pate of Burial
15 Filed 1/16 1922 V. M. Tangarar	20 UNDERTAKER  4. G. Hay kness William
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1.1.568

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) sary to know (a) the kind of work and also (b) the whatever, write None. definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material -Coal minc, etc. Wom-Grocery,

Statement of Cause of Death—Name, first, the DISBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophind fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stited unless important Example: Measles Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease "Inanition, (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, resulting from childbirth or miscarriage as " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic valvular heart discase, The n .ture of the injury, etc. The contributory (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in the capermanently filed.

FEB

Exact STATE OF MARYLAND HYS! CERTIFICATE OF DEATH Registration Dist. No ... .... Ward) (If death occurred in a hospital or instituclon, give Its NAME Instead of street mumber.) CENTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS IS DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. back WIDOWED should Month) OR DIVORCED (Day) (Write the word) CERTIFY, That I at deceased 6 DATE OF BIRTH instruction (Day) (Year) and that death occurred on the date stated above, at !. 0 7 AGE If LESS than I day .... hrs. terms ....ds. or .... min. ? 8 OCCUPATION (a) Trade, profession or ain particular kind of work .... d (b) General nature of industry importan business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE 0 Secondary (State or country) 4 MARGIN (Duration) ..... yrs. H 10 NAME OF FATHER-(Signed) II. 0 J. Z(Kddress) !.. 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Beans of Injury: and (2) whether OF FATHER UPATIO Z (State or country) ш Accidental, Suicidal or Homicidal. O. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Besidents) Q 13 BIRTHPLACE Ö At place In the OF MOTHER of death ... yrs. ... mos..... da. State. ....yrs.....mos. 0 (State or country) T Where was disease contracted, of 14 THE ABOVE IS OF MY KNOWLEDGE if not at place of death?.... statement usual residence. DATE OF BURIAL OF BURIAL OR REMOVAL CIA 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it Wlatever, write None. business, that fact may be indicated thus : Farmer (re state occupation at beginning of illness. If refired from or given up on account of the DISEARC CAUSING DEARCH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occ pations of persons enployed, as At school or At home. ( are should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or Industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on Mr.8.). without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-The material But in many

Statement of Cause of Death—Name, first, the bis LASE CAUSING PRATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Germanal fever (the only definite synonym is "Epicemic ceretyrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pueumonia."): Lobar pneumonia, Bronchapneumonia ("Pneumonia.")

head of "contributory." ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. Example: Measles (discase use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-Examples: State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. vulsions," (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory mges, peritonaeum, etc., Caroinoma, Sarcoma, etc., of FOR VIOLENT DEATHS STATE MINANS OF INJURY . (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), cough; Accidental drowning; Struck by railway Chronic valvular heart (Recommendations on statedisease; (second-(merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None, tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISELSE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enployed, as At \*chool or At home, ( are should be taken work, or At definite salary), may be entered as Housewoife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; zhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient. c. g., Farmer or Planter, worked on may form part of the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary faremen, etc. But in many Physician. Compositor, Architect, Locomotive engineer, tion applied to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc For many occupations a single word or term on Home, If the occupation has been changed and children, not -Coal mine, etc. Womsecond statement. gainfully em-

Etk.cement of Cause of Doath—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"):

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," taken. For VIOLENT DEATHS STATE MEANS OF INJURI State cause for which surgical operation was under-"PURPERAL septicaemia,""PURPERAL peritonitis," can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia (seconduse of "Tumor" for mallguant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., vulsions," "Debility" ("Congenital," "Senile," etc.), stated unless important. Chronic interstitial nephritis, etc. ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; Accidental drowning; Never report mere symptoms or terminal (Recommendations on state-Example: Measles Struck by railway Always qualify all The contributory (merely (disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Calvet	Registration Dist. No. 52
Village or City Populary	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mo	sds. How long In U. S. if of foreign birth?yrsmos, ds
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
6. DATE OF BIRTH (month, day, and year)	22. 1 HEREBY CERTIFY, Thet I attended deceased from 1986, to 5 , 1935; death is said
7. AGE Years Months Days If LESS than 1 dayhrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	to have occurred on the date steted above, at Zomm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onaet
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end spent in this	
12. BIRTHPLACE (city or town). Ballog (State or country)	Other Contributory Causes of importance:
13. NAME & lit. It Dryming	
13. NAME 1 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place At Carrens Dete Fan 7., 1932	Manner of injury
19. UNDERTAKER Wilson Sewell (Address) Wilson	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Jan 7, 1932 W. H. Harles L.J. Registrar.	(Signed) M. [ (Address) Our M. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage   EB 4 1932	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. V. S., No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95%
County Colvert	Registration Dist. No. 50
Village or City Oliver	NoSt., Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2 Fire war 41	ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME 10-05 CO	7007
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Onna Elsey	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1857	I last saw h elive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 15 A <sub>4-m</sub> .
75 L 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
8 Trade profession or particular	Oate of oneat
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	11000t dist 100 7 17/2.
10. Date deceased last worked at this occupation (month and year) occupation occupation	(no attending plusieron)
12. BIRTHPLACE (city or town).	Other Contributory Canses of Importance:
(State or country)	
13. NAME CLASS	
13. NAME COOL Celsy 14. BIRTHPLACE (city or town) Many f	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME ULKUSUN	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Wilsubury  16. BIRTHPLACE (city or town)	Accident, suicide, or homlclde?
	Where dis injury occur? (Specify city or town, county and State)
17. INFORMANT ( WO), Soog Weems (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 31	Manner of Injury
19. UNDERTAKER Sewell - Francis Thele:	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 129 1932 DESILOTO	(If so, specify (Signed) (Signed) (Signed) (Signed) (Signed) (M.D.
Registrar.	(Address) Stomons My
If more blanks are needed, address State Registrar, a	1411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH 66313 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME instend of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) may (Month) (Day) 6 DATE OF BIRTH HEREBY CERTIFY, That Lattended the deceased from (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH \* was as follows: or min.? B OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from ent Causes, state (1) Means of Injury and (2) Whether Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transtate: ients or Recent Residents) 13 BIRTHPLACE At place of death ......yrs......mos. .....ds. In the OF MOTHER (State or country) Where was disease contracted, if not at place of death?..... Former or usual residence ..... PLACE OF BURIAL OR REMOVAL (Address 20 MN DE Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Erhaustion," "Heart mure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; 1. chopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (secondary unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, . (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease, The n.ture of the injury, etc. The contributory of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

STATE OF MARYLAND	CERTIFICATE OF DEATH 60314
1. PLACE OF DEATH	108)
County Octob	Registration Dist. No. 2 2
Village or City M. Beach	No. St., Ward
Length of residence la city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)
	ock
2. FULL NAME THE SEE STATE	0 W 1
(a) Residence ∠No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowedpor divorced HUSBAND of	
(or) WIFE of / ho Eva M. Seawork	1 HEREBY CERTIFY, That lattended deceased from
C DATE OF BIDTH (mostly day of mostly 6 /87)	flast saw h alive on 197 death is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 2 0 Am.
2 56 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:  Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Place Washington Date & y , 1932	Nature of injury
19. UNDERTAKER W m. blasevek.  (Address) North Buch	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Fan 9, 1932 W. H. Harlesty Registrar.	(Signed) M. D.  (Address) Our M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II .		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Atterioscierosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis 550 4 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.			,	
Other contributory causes of importance:	3	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	199			
			1	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V.S. No. 1

	OF MARYLAND—	CERTIFICATE OF DEATH 60315
1. PLACE OF DEATH County Calvert		Registration Dist. No
Village or City Milso	¬∕(.	NoSt.,Ward
Length of residence in city or town where	(If	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mrsmosds.
2. FULL NAME & dn	Ir.	
(a) Residence: No.	204	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE C.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year)	Unknown	I last saw h alive on, 19; death is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, atm.
17 -	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Domestic	Culmonery Internalises ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		2 16
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	thudann,
12. BIRTHPLACE (city or town)	ch.	Other Contributory Causes of importance:
(State or country)	O.	
14. BIRTHPLACE (city or John)	grass VII	
14. BIRTHPLACE (city or 10wn) (State or country)	wer Co., Sus.	Name of operation Dete of
	Mrs.	Whet test confirmed diegnosis?
16. BIRTHPLACE (city or town)	west Co., Med.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
2 (State or country)  17. INFORMANT (Address)	Defor	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL .	Date //2/ ,1932	Manner of Injury
19. UNDERTAKER A (Address)	lenveel	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED 1/21 1932 S	A. Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D.
If mor	e blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. /.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	---------	-----	---------	------------	----	-----------

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	66316
1. PLACE OF DEATH	-	- RE	
County Calnett		Registration Dist. No. 5	2
Village or City		No. S f death occurred in a hospital or institution, give its NAME instead of streets.  ds. How long in U.S. if of foreign birth?yrs	t.,Wa
2. FULL NAME Many	Dem		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or tow	yn and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRISO, WIDOWED,	21. DATE OF DEATH	
7   C	OR DIVORCED (write the word)	(Month) (Day)	, 193. (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	Srm	1 HEREBY CERTIFY, That I att	ended deceased f
6. DATE OF BIRTH (month, day, and year)		last saw have alive on 2 19	72; death is s
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 520 pm.	
70(?)	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and selated causes of important were as follows:	e Date of on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Paresti	Myzentausia	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
O. Oats deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) - )	7	Other Contributory Courses of importance:	
- W	R		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)		Name of operation	
	am !	What test confirmed diagnosis? Was the  23. If death was due to external causes (VIOLENCE) fill in also the fo	re an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)	19	Accident, suicide, or homicide?	, 19
17. INFORMANT (Address)	mile.	(Specify city or town, county a Specify whether injury occurred in INOUSTRY, in HOME, or in PUBL	
18. BURIAL, CREMATION, OR REMOVAL Place Halls Creek	Oate Jan 29 ,1932	Manner of injury	
19. UNDERTAKER Willy (Address)	Sewell	24. Was disease or injury in any way related to occupation of deceas	ed?
20. FILED Fan 251922 W.Z	1.Hardesta	(Signed) Wa	N

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

N. B.—Every Item of Information should be carefully supplied. ACE Lhould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate— NT RECORD WITH UNFADING INK--THIS IS A PERMA PLAINLY WRITE

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	66317
PLACE OF DEATH	STATE OF MARYLAND
County Calvery	CERTIFICATE OF DEATH
13. 20.	Registration Dist. No. 5 /
2FULL NAME arian Many	St. Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenul 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jan 3, 1932  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw har alive on 192.
7 AGE  90 yrsds.   If LESS than   dayhrs. ormin.?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession or particular kind of work	myseasteles, Chronic
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Decompus clien
9 BIRTHPLACE (State or country)	Secondary (Duration) yre smos ds.
10 NAME OF John Hance	(Signed) M. D. M.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wysleth Denton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds.
(Informant) Nance Williams	if not at place of death?
(Address) Boones Island	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7.1932
Filed // 5 132 Miffing	address Mulack
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.

Spinner, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Sermunt, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of laborer, Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. ," etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer; Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Locomotive engineer,

spinal meningitis"); Diphtheria avoid use of "Croup"); to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever 'never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> tions, such as "Asthonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, Charles definite disease "Uraemia," "Weakness," etc., when a definite disease Always qualify all stated unless important. Example: Measles disease as fracture of skull, and consequences (e.g., sepsis, telenus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of American Medical Association. Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valirular heart disease; etc. The contributory Nomenclature Measles; death

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al questions

Village or City Calvert Con. Has	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME Sull born	Various humber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) , 19 3 2 (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 192 , to
(Month) (Day), (Year)	that I last saw halive on, 192,
7 AGE  If LESS than I day hrs.  yrs	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in	(Duration) yrs. mos. de,
which employed or (employer)  BIRTHPLACE (State or country)	Centributory Secondary  Duration A vis. mes. da
10 NAME OF FATHER COUNTRY)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.  15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	ients, or Recent Residents)  At place of death yrs da. In the State, yrs mos da.  Where was disease contracted,
(Informant) Warry Asserted (Informant)	Former or usual residence
Filed 17 1982 M. Mining Regist of Registrar.	20 UNDERTAKER ADDRESS  CONTRACTOR AND THE THE THE PROPERTY OF

(Approved by U. S. ('ensus and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the wlatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING BEATH, Housemuid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, House laborer, Farm laborer, Laborer-Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foremun, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Statement of Occupation -- Precise statement of oc 6 yrs.). For many occupations a single word or term on Or in the second Honie, and For persons who have no occupation If the occupation has been changed children, not gainfully em--Coal mine, etc. Womsecond statement

Statement of Cause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"):

Lobar pneumonia, Bronchopneumonia ("Pneumania"):

ence. All the data is essential and must be obtained defore the certificate is permanently filed.

ary), 10 ds. Never report mere symptoms or terminal head ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PURPERAL septicuemia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsious." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; ......(name origin; "Cancer" is less definite; avoid myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Twoerculosis of lungs, men FOR VIOLENT DEATHS STATE MEANS OF INJURI "contributory." (e. g., sepsis, tetanus) muy be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-"Апаетіа" "Coma," "Con-(second-(discase (merely

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Alve	CERTIFICATE OF DEATH
A.s. F	Registration Dist. No.
Village or City Oldright (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OF DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
Month) (Day) (Year)	that I last saw h Malive on See 3/ 182/,
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:  Littue Yalrulan Law Durio
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in  which employed or (employer)	(Duration) Tre mos ds.
9 BIRTHPLACE (State or country) Calder & all	Contributory Secondary (Divation) P. yrs mos ds.
10 NAME OF FATHER HAUM Harvey  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 M	(Sixed) (Sixed) (Address) (Address) (Sixed) (Sixed) (M.D. (Address) (Address) (M.D. (Address)
of MOTHER  OF MOTHER  OF MOTHER  (State or Country)  OF MOTHER  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transicnts or Recent Residents)  At place In the State yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Duello Idoney  (Address) Duerry	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  August 3 3 2
Filed Jan 3 1928 7 JUSt entite Registrar	20 UNDERTAKER Diens J. Somle Dans
If more branks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (ref state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) whatever, write Nonc. For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) approved by Committee on (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Tumor" for malignant neoplasms); Measles; cough; Chronic etc. The contributory valvular heart Nomenclature of the not be disease;

It this certificate is looked over thoroughly and all questions asswared in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

### REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisez se causing bearin, gaged in domestic service for wages, as Screent, Cook, Howsemaid, etc. If the occupation has been changed to report specifically the occ pations of persons ployed, as At school or At home, fare should be taken work, or At definite salary), may be entered as Housewife, House household only (not paid Housekeeper's who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necess Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Furmer or Plantor tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques empation is very important, so that the relative health whatever, write None. (a) Foreman, (b) Automobile factory. The material Trinner, (b) Cotton mill; (a) Salesman, (b) Crocery, Statement of Occupation -- Precise statement of oc For many occupations a single word or term on WT8.). Home, and children, not gainfully em-For persons who have no occupation

Lodar pneumonia, Bronchopneumonia ("Ppeumonia." Typhoid fever (never report "Typhoid pneumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); fover (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Attacement of Cause of Death-Name, first, the bis

> ary), 10 ds. Never report mere symptoms or terminal quences (e. g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Huemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. State cause for which surgical operation was under "Uraemia," "Weakness," etc., when a definite disease vulsions." "Debility" ("Congenital," "Scnile," etc.), (secondary or intercurrent) affection need not be ...... (name orlgin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The natrain—accident: Revolver wound of head—homicide; Examples: Accidental drowning; "Puerperal septicuemia." "Puerperal peritonitis," Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) of "contributory." FOR VIOLENT DEATHS STRIC MEANS OF INJURY Caroinoma, Sarcoma, etc., of (Recommendations on state-Struck by railway Always qualify all The contributory Measles; (second-(merely (disease "Соп-

tions answered in detail, it will prevent further correspond If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

or blanks are needed, address State Registrar, 16 W. Saratoga St., Balto,, Requesting V. S No. L

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter capation is very important, so that the relative healthlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, rhould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applied to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc 6 yrs.). For many occupations a single word or term on 07 14 without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation Stationary fremen, etc. But in many

Eta-ement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia."):

ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as Nomenclature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which sungleal operation was under-"Puerperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma." conditions, such as "Asthenia," ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ....... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinona, Sarcoma, etc., oi unqualified, is indefinite); Tuberculoris of lungs, men-(secondary or intercurrent) affection need not be Whooping FOR VIOLENT DEATHS STATE MINANS OF INJURY "Debility" ("Congcuital," "Senile," etc.), cough; Chronic valvulur heart disease; (Recommendations on state-"Anaemia" The na-Meastes; (discase (second-(merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

if more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto, Requesting V. S

V. S. No. 1.

(Approved by U. S. ('ensus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (sehousehold only (not paid Housekeepers who receive a er." etc., additional line is provided for the latter statement; if W alever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISELSE CAUSING DEATH Housemaid. gaged in domestic service for wages, as Servant, Cook to report specifically the occ. pations ployed, as At school or At home. ( are should be taken definite salary), may be entered as Housewife, House on at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Wom Never return "Laborer;" "Foreman," "Manager." "Deal worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locamoliec engineer the first line will be sufficient, e. g., Farmer or Planter. cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The materia Civil engineer, Stationary fremen, etc. tion applied to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc 6 78. For many occupations a single word or 117 without more precise specification as Day etc. If the occupation has been changed Home, and children, not gainfully em-For persons who have no occupation of persons en-But in many The ques

Biasement of Cause of Death—Name, first, the mass Lase causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid us. of "Croup"); Typhoid fover (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia").

quences (e.g., sepsis, tetanus) may be stated under the symptomatle), "Atrophy," "Collapse," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles Poisoned by carbolic acid—probably suicide. The nadiseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," causing death). 29 ds.; Bronchopneumonia Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse train-accident; Revolver wound of head-Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL sopticaemia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsious." (secondary or intercurrent) affection Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menof cause of death approved by Committee on cause for which surgical operation was under-.. (name orlgin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJUBY "contributory." "Deblilty" ("Congenital," "Scnile," etc.), cough; Chronic valvular heart discase; (Recommendations on state-"Anaemia" Struck by railway "Соша," "Соцneed -homicide; Measles; (second-(disease (merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Of the	Registration Dist. No.
	Village of City Awen (No. ) In Sennie 2 FULL NAME Junia	Mard) (If death occurred in a hospital or institu- tion, give its NAME i stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jense White Single, Wildows D. OR DIVORCED (Write the word)	16 DATE OF DEATH / 3 , 1932 (Month) (Dex) (Year)
	6 DATE OF BIRTH 7 . 1906	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)  7 AGE    If LESS than   day hrs.   ds.   or min.	and that death occurred on the date stated above, at
	8 OCCUPATION (a) Trade, profession or Domestic particular kind of work	Inlingsony 76.
4	b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 3 mos. ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary  (Dustion) yrs
	10 NAME OF FATHER MANK Milling	(Signed) Jagoon M. D.
ENTS	OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	of MOTHER Mary Ellen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)  M,	At place of death yrs. mos. ds. In the State ds.
To a minimum or service and a	(Informant) Hast record.	if not at place of dea.h?  Former or usus! residence.  The proof Mo
	(Address)	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BU
-	Filed Jam 14 19232 A Condu Nul, Registrar	P. B. Throftong. Ludy IN
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., warer, laborer, laborer, are state occupation at beginning of illness. If retired from laborer, Farm taborer, Lavorer—Love more, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The not gainfully emmateria engineer, Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. se. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphthleria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"

telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Careinomu, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences 'e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Exhaustion," tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital," cough; "Heart failure," "Haemorrhage, Chronic valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS RECORD. Every statement Exact PERMANENT ACTL classified. FOR BINDING stated EX certificate. properly THIS MARGIN RESERVED of back AGE should it may UNFADING INK so that supplied. in plain terms, See should be carefully OF DEATH

on

instructions

very important.

-WRITE

V. S. No.

CAUSE mation

LION

should state OCCUPA-

1. PLACE OF County Village or C

Length of resid

PERSON

2. FULL NAI (a) Residen

3. SEX

STATE OF MARYLAND—	CERTIFICATE OF DEATH
Talvert	51
	Registration Dist. No.
ty Wellow	NoSt., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
dence in city, or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
MEGlsic Stalling	
ce: No. Willaws	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2/ 193 2 (Month) (Day) (Year)
ed, or divorced	
Joseph Stallings	22. I HEREBY CERTIFY, That I attended deceased from
month, (24, and year) Don't I man	I last saw h alive on
rs Months Days If LESS than	to have occurred on the date stated above, atm.
O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
sion, or particular	were as follows:  Date of onset  Learny alluche  Date of onset  Learny 21

5a. If married, widows HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE Yea 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Bate deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation \_\_\_\_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an au'opsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Dato of injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_\_\_\_\_ Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Date of onset  1 week ago
Run over by street car . 1 week ago
7 Peritonitis 3 days ago
Other contributory causes of importance:  Gastroenteritis 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
--	------------	-------	-----	---------	------------	----	----------

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. C St ..... Ward) (If death occurred in a hospital or Instituilon, give Its NAME instead of street mumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED back WIDOWED (Month) OR DIVORCED may (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH instructions that I last saw her alive on. (Month) (Day) (Year) and that death occurred on the date stated above, at .. 7 AGE If LESS than The CAUSE OF DEATH & was as follows: day 5. hrs. .....yrs......mos......ds..or.... min.? 8 OCCUPATION (a) Trade, profession or particular kind of work..... important. (b) General nature of industry business, or establishment in (Duration) which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) MARGIN 10 NAME OF FATHER LNE OF FATRIER \*State the Disease Causing Death, or, in deaths from ATIO Violent Causes, state (1) .Jeans of Injury: and (2) whether (State or country) Accidental, Suicidal or Homicidal. AR 12 MAIDEN NAME 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OCCUP 0 ients, or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death .... yrs. ...... mos..... da. State, ....yrs......mos. (State or country) Where was disease contracted. if not at place of death? ..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. (Informant) ... DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL (Address) ADDRESS Filed Registrar if more blanks are needed, address State Registrar, 16 W. Saratoga St., Ralto., Requesting V. S

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None, business, that fact may be indicated thus: Farmer (r) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home. laborer, Farm laborer, Laborer-Coal mine, etc. Wom Never return "Labover," "Foreman," "Manager," "Deal-"pinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necess Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter expation is very important, so that the relative healthworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques Statement of Occupation-Precise statement of oc Or For many occupations a single word or term or yr8.). without more precise specification as Day At Home, and children, not gainfully emwho are engaged in the duties of the For persons who have no occupation If the occupation has been changed The material

Typhoid fever (never report "Typhoid pmeumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); MASE CAUSING DEATH (the primary affection with respec Lobar pneumonia, Bronchopneumonia ed term for the same disease. Examples: Cerebrospinal to time and education), using always the same accept Statement of Cause of Death-Name, first, the Di (the only definite synonym is "Epidemic cerebro ("Рвеншенів."

the certificate is permanently fled

tions answered in detail, it will prevent further correspond

If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

ment head quences Ture and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childblrth or miscarriage as can be ascertained as the cause. Always qualify all symptomatle), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for mallgnant neoplasms); Namenclature of the American Medical Association.) Polioned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Purperal repticaemia," "Purperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemor causing death), 29 ds.; Bronchopncumonia Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Caroinonia, Sarcoma, etc., of unqualified, is indefinite); Tuberculoris of lungs, monvulsions," ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURI (e. g., sepsis, tetanus) may be stated under the the injury, as fracture of skull, and conse-"contributory." cause of death approved by Committee on "Debillty" ("Congenital," "Senile," etc.) Chronic valvular heart disease; (Recommendations on state-"Anaemia" "Coma," and railway Meastes; (second-(disease (merely "Con-

S. No.

٥.

ż

PLACE OF DEATH County alvert		MARYLAND E OF DEATH Dist. No.
Village or City ort / Uppsoble  2FULL NAME Baby	Ward Ward	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month)	3 / 193 2 (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	
Jean 31, 1932	192192 to	, 192,
(Month) (Day) (Year)	that I last saw halive on	
7 AGE    If LESS than     day   hrs.   ds.   or   min.?	The CAUSE OF DEATH * was as follows:	d above, atm
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	yrsds.
9 BIRTHPLACE (State or country) Md.	Contributory Secondary  (Duration)	ds.
10 NAME OF FATHER Jas. Ruy Johnson	(Signed) 1927 (Address)	Jeser M.D.
C State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN	*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether
of MOTHER Many Javell Lite	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the	e iteds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	) 74004 5000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Informant) Lames . Chem.	Former or usual residence	***************************************
(Address) Po, Tred-	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed 7 1 1952 L. Molling	20 UNDERTAKER	ADDRESS
Resistrar	M. M. No. reel	Hares

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeaning, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been change to report specifically the occupations of persons ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Discasse Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "Heart failure," "Haemorrhage, ChronicExample: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.